

**CERTIFICATION OF DEBTOR
REGARDING MONTHLY REPORT**

Debtor: William Simmons
Chapter 13 Case No.: 18-15517-Amc

I, William Simmons, declare under penalty of perjury that the following information is true and correct:

1. I am the business debtor in the above referenced matter.
2. I have completed and attached a Monthly Financial Report for the month of August, 2018.
3. All of the information in the Monthly Financial Report is complete, true and correct to the best of my knowledge, information and belief.

Date: 10-24-2018

William Simmons
Debtor

***YOU ARE REQUIRED TO COMPLETE A MONTHLY FINANCIAL REPORT FOR FIRST MONTH YOU FILED FOR BANKRUPTCY AND RETURN IT IMMEDIATELY WITH THE OTHER ATTACHED PAPERWORK.**

**** YOU ARE ALSO REQUIRED TO FILL OUT MONTHLY FINANCIAL REPORTS FOR EACH AND EVERY MONTH AFTER YOU FILED YOUR PETITION UNTIL YOUR PLAN IS CONFIRMED BY THE COURT. PLEASE MAKE PHOTOCOPIES OF THE ATTACHED MONTHLY FINANCIAL REPORT FORM, AS NEEDED.**

***** FAILURE TO PROVIDE THE MONTHLY FINANCIAL REPORTS AS STATED ABOVE WILL HOLD UP THE CONFIRMATION OF YOUR CASE AND POSSIBLY CAUSE YOUR CASE TO BE DISMISSED.**

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

Debtor Name: William Simmons
Case No: 18-15517 Amc
Business Name: Pa Dent Repair LLC
For the Month & Year (1/05, etc.): 08/18

BUSINESS INCOME:

(1)	Actual Income from Sales & Service	\$ <u>6675.00</u>
(2)	Other (Specify)	\$ <u>—</u>
(3)	Other (Specify)	\$ <u>—</u>
(4)	Total Actual Income (1+2+3)	\$ <u>6675.00</u>

ACTUAL BUSINESS EXPENSE PAID

(5)	Rent/Lease	\$ <u>1500.00</u>
(6)	Utilities (Electricity, Gas, Water&Sewer)	\$ <u>54.07</u>
(7)	Telephone	\$ <u>132.73</u>
(8)	Insurance	\$ <u>30.54</u>
(9)	Wages for Employees	\$ <u>—</u>
(10)	Wages for Self/Owner(s)	\$ <u>351.12</u>
(11)	Taxes	\$ <u>81.88</u>
(12)	Gas and Fuel for Business Vehicles	\$ <u>335.41</u>
(13)	Other (Specify) <u>advertising</u>	\$ <u>348.94</u>
(14)	Other (Specify) <u>Painting supplies</u>	\$ <u>648.02</u>
(15)	Other (Specify) <u>office supplies</u>	\$ <u>67.57</u>
(16)	Total Actual Business Expenses Paid Or	\$ <u>4435.72</u>

(sum of 5 through 16)

dental supplies \$770.33
comp internet \$22.99
dues, subscriptions \$101.12

(17)	Net Business Income/Loss (line 4-Line 16)	\$ <u>2239.28</u>
(18)	Net Wages From Regular Employment-De	\$ <u>—</u>
(19)	Net Wages From Regular Employment-Sp	\$ <u>—</u>
(20)	Amount Carried Over From Last Month	\$ <u>2075.80</u>
(21)	Total Net Monthly Income (sum of 17 thr	\$ <u>4315.08</u>

PERSONAL

(22)	Rent/Mortgage	\$ <u>2130.91</u>
(23)	Utilities (gas, electric, water, sewer, fuel)	\$ <u>331.63</u>
(24)	Telephone	\$ <u>—</u>
(25)	Food	\$ <u>400.00</u>
(26)	Transportation (fuel, tolls, parking)	\$ <u>—</u>
(27)	Other (specify) <u>child care</u>	\$ <u>75.00</u>
(28)	Other (specify)	\$ <u>—</u>
(29)	Other (specify)	\$ <u>—</u>
(30)	Other (specify)	\$ <u>—</u>
(31)	Other (specify)	\$ <u>—</u>
(32)	Total Actual Personal Expenses Paid (22	\$ <u>2937.54</u>

NET INCOME (LOSS)

(33)	Gross Excess Income (line 21 - line 32)	\$ <u>1377.54</u>
(34)	MONTHLY CHAPTER 13 PLAN PAYMENTS	\$ <u>159.46</u>
(35)	Net Excess Income (line 33 - line 34)	\$ <u>1218.08</u>

carry amount on line 35 to next month line 20

EXHIBIT D

3:16 PM

10/23/18

Accrual Basis

Pa Dent Repair
Profit & Loss
August 2018

	Aug 18
Ordinary Income/Expense	
Income	
Labor Income	6,675.00
Total Income	6,675.00
Gross Profit	6,675.00
Expense	
Advertising and Promotion	348.94
Child Care	75.00
Computer and Internet Expenses	22.99
Detailing supplies	770.33
Dues and Subscriptions	101.12
Health Expense	40.00
Home Mortgage	2,130.91
Insurance Expense	
Dental Insurance	30.54
Total Insurance Expense	30.54
Office Supplies	67.57
Painting supplies	648.02
Rent Expense	1,500.00
transportation	335.41
Utilities	1,069.62
Total Expense	7,140.45
Net Ordinary Income	-465.45
Net Income	-465.45

CASH REQUIREMENTS

August

CASH REQUIRED FOR NEGOTIABLE CHECKS &/OR ELECTRONIC FUNDS TRANSFERS (EFT) FOR CHECK DATE 08/10/18: \$216.50

TRANSACTION SUMMARY

SUMMARY BY TRANSACTION TYPE -

TOTAL ELECTRONIC FUNDS TRANSFER (EFT)	216.50
CASH REQUIRED FOR NEGOTIABLE CHECKS &/OR EFT	216.50
TOTAL REMAINING DEDUCTIONS / WITHHOLDINGS / LIABILITIES	0.00
CASH REQUIRED FOR CHECK DATE 08/10/18	216.50

TRANSACTION DETAIL

ELECTRONIC FUNDS TRANSFER - Your financial institution will initiate transfer to Paychex at or after 12:01 A.M. on transaction date.

TRANS. DATE	BANK NAME	ACCOUNT NUMBER	PRODUCT	DESCRIPTION	EFT FOR 08/09/18	BANK DRAFT AMOUNTS & OTHER TOTALS
08/09/18	Bank of America	XXXXXXXXXX0767	Direct Deposit	Net Pay Allocations	175.56	175.56
08/10/18	Bank of America	XXXXXXXXXX0767	Taxpay®	Employee Withholdings		175.56
				Social Security	12.40	
				Medicare	2.90	
				PA Income Tax	6.14	
				PA LW/ARM-Buc TWN LST	1.00	
				PA WARMN-Buc TWN Inc	2.00	
				Total Withholdings	24.44	
				Employer Liabilities		
				Social Security	12.40	
				Medicare	2.90	
				Fed Unemploy	1.20	
				Total Liabilities	16.50	
				EFT FOR 08/10/18		40.94
				TOTAL EFT		216.50

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				Social Security	2.90
				Medicare	6.14
				PA Income Tax	1.00
				PA LWARRA-Buc TWN LST	2.00
				PA WARREN-Buc TWN Inc	24.44
				Total Withholdings	24.44
				Employer Liabilities	12.40
				Social Security	2.90
				Medicare	1.20
				Fed Unemploy	16.50
				Total Liabilities	40.94
				EFT FOR 08/17/18	216.50
				TOTAL EFT	216.50